

## Surviving Spouses

### 2009 - 2010 Plan Year

The following monthly premiums are effective **October 1, 2009 - September 30, 2010**. These premium rates do not include the \$25 monthly tobacco surcharge.

Type of Contract	Monthly Premium for PEEHIP Hospital Medical or the VIVA Health Plan
Individual Coverage/Non-Medicare-eligible Survivor	\$598
Family Coverage/Non-Medicare-eligible Survivor and Non-Medicare-eligible Dependents	\$730
Family Coverage/Non-Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$689
Individual Coverage/Medicare-eligible Survivor	\$313
Family Coverage/Medicare-eligible Survivor and Non-Medicare-eligible Dependent(s)	\$445
Family Coverage/Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$404
Optional (Each)	\$ 38